

#L13000174859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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12/19/13--01002--005 **155.00

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DEPARTMENT OF STATE
13 DEC 18 AM 4:31

FILED
13 DEC 18 AM 10:29
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

DEC 19 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 12/18/13

REF. #: 8995517

CORP. NAME: BI BOCA BOYNTON PORTFOLIO LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70011754 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
BI BOCA BOYNTON PORTFOLIO LLC

FILED
13 DEC 18 AM 10:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is **BI BOCA BOYNTON PORTFOLIO LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

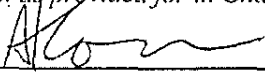
**846 Lincoln Road, Fourth Floor
Miami Beach, Florida 33139**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Alex Horn
846 Lincoln Road, Fourth Floor
Miami Beach, Florida 33139**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Alex Horn, Registered Agent

ARTICLE IV: - Management


☒ The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager-managed company.

ARTICLE V: - Manager(s)

The name and address of each Manager is as follows:

MGR

**Alex Horn
846 Lincoln Road, Fourth Floor
Miami Beach, Florida 33139**



Alex Horn, authorized representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alex Horn

Typed or printed name of signee